

| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |              |   |         | ATTORNEY'S DOCKET NO.<br>CH02 0036 US<br>U.S. APPLICATION NO. (If known, see 37 CFR 1.53) <b>10/535698</b>  |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|--|--------------|---|---------|---|--------------|--------------|--------------|--------|--------------|----------|---|--------|----|--------------------|---------|---|---------|----|--------------------------------|--|--|--|--|---|--|------|--|--|--|--|
| INTERNATIONAL APPLICATION NO.<br>PCT/IB03/005214   |              | INTERNATIONAL FILING DATE<br>18 November 2003 |         | PRIORITY DATE CLAIMED<br>25 November 2002   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| TITLE OF INVENTION<br><b>DISPLAY WITH REDUCED "BLOCK DIM" EFFECT</b>   |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| APPLICANT(S) FOR DO/EO/US<br><b>Martin DAUM, Pascal BUCHSCHACHER, , , and</b>  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) has been transmitted by the International Bureau.</li> <li><input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) have not been made and will not be made.</li> <li><input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> </ul>  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| The following document(s) or information are included: <ul style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98</li> <li>2. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included</li> <li>3. <input checked="" type="checkbox"/> A preliminary amendment</li> <li>4. <input checked="" type="checkbox"/> Power of Attorney to Prosecute Application before the USPTO</li> <li>5. <input checked="" type="checkbox"/> Statement under 37 CFR §3.73(b)</li> <li>7. <input checked="" type="checkbox"/> Information Disclosure Statement</li> <li>8. <input checked="" type="checkbox"/> Authorization Pursuant to 37 CFR § 1.136(a)(3) and to Charge Deposit Account <u>14-1270</u></li> <li>9. <input checked="" type="checkbox"/> Receipt Confirmation Postcard</li> </ul> |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| The following fees have been submitted: <ul style="list-style-type: none"> <li>10. <input checked="" type="checkbox"/> Basic national fee..... \$ 300</li> <li>11. <input checked="" type="checkbox"/> Examination fee (Int'l prelim. exam. report NOT prepared by USPTO)..... \$ 200</li> <li>12. <input checked="" type="checkbox"/> Search Fee (Int'l Search Report prepared and provided to the Office.)..... \$ 400</li> </ul> <p style="text-align: right;"><b>TOTAL OF 10, 11 and 12 =</b></p>  |              |   |         | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">CALCULATIONS</th> <th style="text-align: center;">PTO USE ONLY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 900</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> |              | CALCULATIONS | PTO USE ONLY | \$ 900 |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| CALCULATIONS   | PTO USE ONLY |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| \$ 900   |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
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|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">CLAIMS</th> <th style="text-align: center;">NUMBER FILED</th> <th style="text-align: center;"># EXTRA</th> <th style="text-align: center;">RATE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td style="text-align: center;">7 - 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$50</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Independent claims</td> <td style="text-align: center;">3 - 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$200</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>TOTAL FEES FOR CLAIMS =</b></td> </tr> </tbody> </table>  |              |   |         | CLAIMS  | NUMBER FILED | # EXTRA      | RATE         |        | Total claims | 7 - 20 = | 0 | X \$50 | \$ | Independent claims | 3 - 3 = | 0 | X \$200 | \$ | <b>TOTAL FEES FOR CLAIMS =</b> |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">\$ 0</td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> </tbody> </table> |  | \$ 0 |  |  |  |  |
| CLAIMS   | NUMBER FILED | # EXTRA                                       | RATE    |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| Total claims   | 7 - 20 =     | 0   | X \$50  | \$  |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| Independent claims   | 3 - 3 =      | 0   | X \$200 | \$  |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| <b>TOTAL FEES FOR CLAIMS =</b>   |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| \$ 0   |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
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|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)) accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). <b>\$40.00</b> per property +  |              |   |         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">\$ 40</td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> </tbody> </table>  |              | \$ 40        |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| \$ 40  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
|  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>   |              |   |         | \$ 940  |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| <input checked="" type="checkbox"/> Please charge my <b>Deposit Account No. 14-1270</b> in the amount listed above for total fees. The Commissioner is hereby authorized to charge any additional fee which may be required, with the exception of the Base Issue Fee, or credit any overpayment to our Deposit Account No. 14-1270.   |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| <b>SEND ALL CORRESPONDENCE TO:</b><br><br>PHILIPS ELECTRONICS NORTH AMERICA CORPORATION<br>Intellectual Property & Standards<br>1109 McKay Drive, M/S41-SJ<br>San Jose, California 95131   |              |   |         | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">         USPTO CUSTOMER NO.<br/> <b>24738</b> </div> <div style="text-align: right; margin-top: 20px;"> <br/>         Kevin Simons, Reg. No. 45,110<br/>         Tel.: (408) 474-9075       </div>  |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| <b>CERTIFICATE OF EXPRESS MAILING</b>  |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 is addressed to "Mail Stop PCT, Commissioner for Patents, PO Box 1450, Arlington, VA 22313," on the date indicated below.   |              |   |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |
| (Date) <u>5/19/05</u>  |              | (Signature)<br>(Name) Daniel L. Michalek      |         |   |              |              |              |        |              |          |   |        |    |                    |         |   |         |    |                                |  |  |  |  |   |  |      |  |  |  |  |